

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/920133

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3				2			53						
4			1				54						
5				2			55						
6				2			56						
7				2			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15			1				65						
16			1				66						
17			1				67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22			1				72						
23			1				73						
24				1			74						
25				1			75						
26			1				76						
27				1			77						
28			1				78						
29			1				79						
30			1				80						
31				1			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			10				TOTAL IND.						
TOTAL DEP.			23				TOTAL DEP.						
TOTAL CLAIMS			33				TOTAL CLAIMS						